

Approved For Release 2000/05/03 : CIA-RDP64-00360R000400120073-5

SERVICES OTHER THAN PERSONAL

Bu. Vou. No. 419

U. S. COST REIMBURSABLE
(Department, bureau, or establishment)

PAID BY

Voucher prepared at (Give place and date)

THE UNITED STATES, Dr., Payee's Account No.

To (Payee)

SAPC 9614
COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs				26,193.	07
Use continuation sheet(s) if necessary							

PAYMENT:

Complete ☐
Partial ☐
Final ☐

Shipped from to Weight Government B/L No. Total \$ 26,193.07

I certify that the above bill is correct and just and that payment has not been received.

(Payee must NOT use this space)

Differences

(Sign original only)

STATINTL

Date 9/10/56 when billed Amount verified; correct for 26,193.07
(Signature or initials) MTT

Contract No. A101 Date Req. No. Date Invoice Rec'd.

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

Approved for \$

†

By

SIGN
ORIGINAL
ONLY

Title

Title

Date

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

STATINTL

STATINTL

STATINTL STATINTL

Paid by { Check No. dated 19 for \$ on Treasurer of the United States in favor of payee named above.
Cash, \$ on 19 Payee (Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he signs, must appear. For example: "John Doe Company, per John Smith, Secretary."
† If the ability to certify is not given to the payee, the voucher must be signed by the payee, and the approving officer will sign on the line below "Approved for \$", and

Per

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Public Voucher for Purchases and
Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 419
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Contract A101 - System IV					
		Direct Costs Properly Chargeable to Contract A101 for the period 9/3/56 thru 9/9/56					
STATINTL		Labor Week Ending September 9, 1956					
STATINTL		Overhead computed for the Communications Division at interim rate of [REDACTED]					
		Other Costs - per schedule attached					745.70 ✓
		Total Labor, Overhead and Other Costs					
STATINTL		G and A expense computed at interim rate of [REDACTED]					
		Total Costs				\$	26,193.07 ✓
							STATINTL

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OK 8773

OKM NO. 1421 THE STANDARD REGISTER CO. - PACIFIC DIVISION OAKLAND LOS ANGELES

ADJUSTMENTS

DATE _____

PAGE

REPORT NO.

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